

Attachment B

Revised 04/27/06

2006 FINAL MEDICAID HCPCS MH/DD/SA SERVICE and RATES

| SERVICE CODE (with modifier as applicable) | MH/DD/SA ENHANCED BENEFITS SERVICE DESCRIPTION | BILLING UNIT | RATE FOR SERVICE | EFFECTIVE DATE |
|---|---|-------------------------------|------------------|----------------|
| H0010 | Non-Hospital Medical Detoxification | per diem | \$ 325.88 | 6/1/2006 |
| H0012 HB | Non-Medical Community Residential Treatment - Adult | per diem | \$ 145.50 | 3/20/2006 |
| H0013 | Medically Monitored Community Residential Treatment | per diem | \$ 265.25 | 3/20/2006 |
| H0014 | Ambulatory Detoxification | 15 minutes | \$ 20.43 | 6/1/2006 |
| H0015 | Substance Abuse Intensive Outpatient Program | per diem | \$ 131.93 | 3/20/2006 |
| H0020 | Alcohol and/or Drug Services; methadone administration | Event | \$ 19.17 | 3/20/2006 |
| H0035 | DMH Partial Hospitalization per diem - Children/Adults | per diem | \$ 121.69 | 3/20/2006 |
| H0036 HA | Community Support - Individual - Child | 15 minutes | \$ 15.24 | 3/20/2006 |
| H0036 HB | Community Support - Individual - Adult | 15 minutes | \$ 15.24 | 3/20/2006 |
| H0036 HQ | Community Support - Group | 15 minutes | \$ 4.90 | 3/20/2006 |
| H0040 | Assertive Community Treatment Team (ACTT) | Event, maximum 4 per month | \$ 323.98 | 3/20/2006 |
| H0046 | Mental Health Services, Not Otherwise Specified (HRI Level I - Foster Care) | per diem | \$ 53.59 | 7/1/2004 |
| H2011 | Mobile Crisis Management (MH/SA) | 15 minutes | \$ 31.79 | 3/20/2006 |
| H2012 HA | Child and Adolescent Day Treatment | per hour | \$ 31.25 | 3/20/2006 |
| H2015 HT | Community Support Team (MH/SA) (SCT) | 15 minutes | \$ 16.52 | 3/20/2006 |
| H2017 | DMH Psychosocial Rehabilitation | 15 minutes | \$ 2.34 | 3/20/2006 |
| H2020 | Therapeutic Behavioral Services (HRI Level II - Group Homes) | per diem | \$ 136.04 | 7/1/2004 |
| H2022 | Intensive In-Home Services | per diem | \$ 190.00 | 3/20/2006 |
| H2033 | Multi-systemic Therapy (MST) | 15 minutes | \$ 23.54 | 3/20/2006 |
| H2035 | SA Comprehensive Outpatient Treatment Program | per hour | \$ 45.76 | 3/20/2006 |
| S5145 | Foster Care, Therapeutic, Child (HRI Level II - Therapeutic Foster Care) | per diem | \$ 95.40 | 7/1/2004 |
| S9484 | Crisis Intervention (Facility Based Crisis) | per hour | \$ 18.78 | 3/20/2006 |
| T1023 | Diagnostic Assessment (MH/SA) | Event | \$ 169.09 | 3/20/2006 |
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| H2036 | Medically Supervised or ADATC Detoxification/Crisis Stabilization | per diem | | |
| | Per diem rate will be determined by individual provider | | | |
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